

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027992

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1130

STATE FILE NUMBER

FILED JUL 18 1963

|  |                           |   |  |
|--|---------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY GREENE<br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD<br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY GREENE<br>c. CITY OR TOWN SPRINGFIELD<br>d. STREET ADDRESS (If outside, give location) 1418 S. JEFFERSON |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>CLAUDE C. SCOTT  |                           | 4. DATE OF DEATH<br>Month Day Year<br>JULY 11 1963  |  |
| 5. SEX<br>MALE   | 6. COLOR OR RACE<br>WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH<br>10/23/83                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>RETIRED   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>GROCERYMAN   | 9. AGE (last birthday)<br>79                                   |
| 11a. FATHER'S NAME<br>OLIVER O. SCOTT  |                           | 11b. MOTHER'S MAIDEN NAME<br>SARAH E. STUBBLEFIELD  | 11. BIRTHPLACE (City and state or country)<br>SPRINGFIELD, MO. |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>NO   |                           | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.   |  |
| 13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u><br>DUE TO (b) <u>Generalized Arteriosclerosis with</u><br>DUE TO (c) <u>Multiple Cerebral Thromboses</u> |                           | 14. NAME OF HUSBAND OR WIFE<br>SARAH F. SCOTT (DEC.)  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Adeno Carcinoma of Prostate</u>  |                           | 15. INFORMANT<br>MRS. J.E. BRIDWELL, SPRINGFIELD, MO.   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                           | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/><br><u>None</u>  |  |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>None</u>  |                           | 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                           | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20f. CITY, TOWN, OR LOCATION<br>SPRINGFIELD, MO.   |                           | 20g. COUNTY<br>GREENE   |  |
| 20h. STATE<br>MISSOURI   |                           | 20i. DATE RECD. BY LOCAL REG.<br>7-15-63  |  |
| 21. I attended the deceased from <u>4-14-63</u> to <u>7-11-63</u> and last saw him alive on <u>7-11-63</u><br>Death occurred at <u>2 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |                           | 22. SIGNATURE (Degree or title)<br><u>W.D. Paul, M.D.</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL  |                           | 23b. DATE<br>7/13/63  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br>WHITE CHAPEL   |                           | 23d. LOCATION (City, town, or county)<br>SPRINGFIELD, MO.   |  |
| 23e. FUNERAL DIRECTOR<br>H.H. LOHMEYER FUNERAL HOME<br>SPRINGFIELD, MO.  |                           | 23f. REGISTRAR'S SIGNATURE<br><u>Effie S. Meets</u>   |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0397

2 0397

3

4 0

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9 4200

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12 4-0

13

USE BLACK INK  
OR  
TYPEWRITER RIBBON

W.I. Park

JUL 19 1963

found 7-13-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William T. Shadley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.